

Texas Department of Health
Breast and Cervical Cancer Control Program
Quarterly BCCCP Case Management Conference Call
September 23 & 25, 2003
Brief Notes

I. Introductions

a. Contractors

b. TDH staff – Rosamaria Murillo, Claudia Himes, Robert Reeves, Clare Wolf, Dr. Cherilyn Young, Isa Covio

II. Review Agenda

a. Provide Program and Treatment Act Updates (request for updates submitted by contractors)

b. Discuss Cervical Cancer Screening Interval Variables

c. Provide Website Information

d. Comprehensive Case Management Form (CCMF) Training

III. Program Update

a. MDE Validation Project – Program informed contractors of the discussion with CDC about a data validation study. No decision to participate has been made. Program asked for volunteer contractors to participate in a site visit with CDC to discuss the study in more depth and its impact on the BCCCP contractors.

b. Liquid-Based Project – BCCCP and Research and Public Health Assessment surveyed participating clinicians on their experience with the liquid-based Pap test. Information from this survey will be incorporated into future program planning efforts. The final report for the study will be sent to all contractors.

c. Voucher/Billing – Vouchers now go to Accounts Payable in the Fiscal Division. Data forms should not be attached to the vouchers but need to be sent directly to BCCCP. Please report late payments (not received in 30 days) to Vince Crawley and Rosamaria Murillo by e-mail.

d. Reimbursement Rates – Program sent a supplemental notice with final and correct reimbursement rates for 2003-2004 to contractors in July. Contractors who do not have the final notice should contact Robert Reeves.

e. CPT Codes – The process for submitting CPT codes not currently reimbursed for approval is:

1. E-mail codes to Claudia Himes by October 7, 2003 (if haven't done so);
2. Advisory Committee and Medical Consultant will review and provide feedback;
3. Codes approved by the committee and consultant will be sent to CDC;
4. CDC approved codes will be included in the next RFP.

One particular code causing problems for contractors is 19125. To correct this would require amending contracts. BCCCP will explore the option of amending the contracts.

f. Program Directors' Regional Meeting – Claudia Himes and Robert Reeves attended the BCCCP Directors' regional meeting and presented on BCCCP's case management services. One of the areas discussed is the impact of the Treatment Act on screening services. Some states have noticed an increase in diagnostic services, which reduces their capacity to provide screening services. Contractors asked if Texas was experiencing the same. BCCCP will conduct an assessment of the Treatment Act on screening and diagnostic services.

g. Final conference call with Regional CM Contractors – The call, which took place on July 17, 2003, focused on transitioning from regional case management contracts to fee-for-service case management funding.

IV. Cervical Cancer Screening Interval Variables – Dr. Cherilyn Young, Research Specialist, Research and Public Health Assessment, provided an overview of the cervical cancer screening interval study, which included: rational and purpose of study, survey development and implementation, findings and recommendations.

V. Website Revisions

a. Review and request feedback on case management web page – Contractors' general consensus is that the page is useful and should be geared toward case managers and not necessarily the public. Suggestions were made to include links to other resources on case management.

b. Discuss final MOO – Significant changes were discussed. Contractors were encouraged to use the MOO online as much as possible. Questions and/or comments regarding the MOO should be sent to Claudia Himes

VI. Treatment Act Update

Discuss new procedures – Effective July 14, 2003, contractors were required to submit copies of the 1034 form and qualifying diagnosis to BCCCP at the same time these are sent to DHS.

- a. Number of women served** – As of September 4, 2003, 451 women have been certified for Medicaid under the Treatment Act. The BCCCP state office has seen the number of cancers increase in areas that don't normally report cancers. Contractors reported that as more women become aware of the Treatment Act, referrals to BCCCP services are increasing.
- b. Briefing on DHS/HHSC/TDH Meeting** – Staff from each agency involved in the implementation of the Treatment Act met on August 14, 2003. DHS has been referring women who have already been diagnosed with cancer to BCCCP for medical assistance. DHS indicated they would send clarifying information to their workers for appropriate referrals. BCCCP will also continue to focus on making appropriate referrals to the local level.

VII. CCMF Training

- a. Background on purpose of case management forms** – Some contractors have asked for one form to assess and plan case management services.
- b. Review new form and instructions**
- c. Feedback from contractors** – The language for the "Statement of Understanding" was discussed. Comments were made that the language should be stronger and should make a reference to case management services. Other comments made indicated that the wording is okay as is. BCCCP will take the comments into consideration.

VIII. Wrap-up

- a. Next conference call** – The next conference calls are scheduled for December 9 and 11, 2003. Contractors will be given an opportunity to select a date approximately six weeks before the calls.
- b. Other** – Contractors were asked to volunteer to participate in the planning workgroup for the Contractors May 2004 meeting.
- c. Follow-up and agreements**
BCCCP will:
 - Explore the option of amending all contracts at mid-year as it relates to CPT codes.
 - BCCCP will continue to focus on conducting appropriate referrals to contractors.
 - Revise "Statement of Understanding" in the Comprehensive Case Management Form based on feedback from contractors.
 - Compare funds spent on screening vs. diagnosis.
 - Contact POEP to disseminate Treatment Act information to their members.
 - Provide further information regarding cervical cancer screening variables that could be impacting intervals to each agency.

Contractors will:

- Inform BCCCP staff when payments are 30 or more days late by sending an e-mail to Vince Crawley with a cc to Rosamaria Murillo
- Submit CPT codes not currently reimbursed for consideration of approval by October 7, 2003.
- Make the decision to use the current Comprehensive Needs Assessment form or the Comprehensive Case Management Form for assessing case management needs.